

REQUEST FOR PROPOSALS



COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICES & PLANNING

PROGRAM YEAR 2008
COMMUNITY SERVICES DEPARTMENT



COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PUBLIC SERVICES AND PLANNING

Purpose of Request for Proposals (RFP)

The City of Arlington annually receives Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). The City maximizes the benefits of these funds by partnering with local non-profit organizations to conduct eligible Public Services and Planning activities. This booklet contains information on CDBG, eligible and ineligible activities, and the application for submitting a proposal for Program Year 2008 grants.

CDBG National Objectives

The **primary** objective of the CDBG program is the “development of viable urban communities by providing decent housing and suitable living environments and expanding economic opportunities, principally for low- and moderate-income individuals.”

Applications for CDBG funding must meet one of the following HUD **national** objectives. A proposal that fails to meet one of these objectives is ineligible.

1. **Directly benefit low- and moderate-income persons:** The program must benefit at least 51% low- and moderate-income persons. Public service activities will qualify under this category in most circumstances.
2. **Aid in the prevention or elimination of slum or blight:** Expenditures under this category are limited to 30 percent of the City's expenditures for a three year period.
3. **Meet an urgent need:** The activity provides a remedy to a serious and immediate health or welfare problem, such as a natural disaster; *and* there are no other funds available; *and* the problem is of a recent origin. (Note: This category is used only in extraordinary circumstances.)

Available Funds

The table below provides an outline of how CDBG funds are distributed according to 24 CFR 570. The City of Arlington received \$3,263,871 in PY2007 and is expected to be funded at approximately the same level in PY2008.

HUD has set spending caps on Public Services (15 percent) and Administration/Planning (20 percent). In Program Year 2007, proposal requests totaled \$995,663 while the amount available was \$489,580. The amount of funds available for public services in Program Year 2008 is anticipated to be about \$489,581. The \$2M in CDBG funds available for general projects will be applied to revitalization activities approved in the 2005-2010 Consolidated Plan and will not be available through the annual RFP process.

Activity Type	PY2007	PY2008*	Mandated Cap
Public service programs	\$489,581	\$489,581	15%
General projects	\$2,121,516	\$2,121,516	
Administration/Planning	\$652,774	\$652,774	20%
Total	\$3,263,871	\$3,263,871	

* Anticipated, but subject to change



Eligible Public Services

Public services are social service activities in the community that benefit low- to moderate-income citizens and may include, but are not limited to, services related to employment, childcare, health, drug abuse, education, and energy conservation (see section 570.201 of the CDBG Regulations in the Guidebook).

The following are examples of eligible CDBG public service programs:

- Services for homeless persons
- Employment services for individuals with disabilities
- Crime prevention for low-income youth
- Services for the elderly
- After school and child care programs

Eligible Planning Programs

Eligible planning activities may include “data gathering, studies, analysis, and preparation of plans....including, but not limited to, (1) Comprehensive plans; (2) Community development plans; (3) Functional plans...” and other planning-related tasks specified in section 570.205 of the CDBG regulations in the Guidebook.

Ineligible Activities

Generally, the following types of activities are ineligible:

1. Acquisition, construction, or reconstruction of buildings for the general conduct of government;
2. Political activities;
3. Certain income payments and construction of new housing by units of general local government.
4. Substitution of CDBG funds for current levels of state or local governmental funding for a service is prohibited.

The HUD CDBG regulations for ineligible activities, section 570.207, are found in the Guidebook.

Eligible Organizations

Non-profit organizations that deliver services to low- and moderate-income clients within the city of Arlington may apply for CDBG funding through the City of Arlington's Community Services Department. All non-profit organizations must have an IRS-granted nonprofit status at the time of application to receive funding through the City of Arlington.

HUD-approved Community Based Development Organizations (CBDO) that provide services primarily in the Central Arlington Neighborhood Revitalization Strategy Area (NRSA) may be exempt from the public services cap. The City may provide funding to a CBDO that is qualified to carry out certain activities such as neighborhood revitalization, community economic development, and energy conservation (see Application Guidebook for CBDO regulations, Sec. 570.204).

Site Visits for New Applicants

New applicants include organizations that may have applied previously but have **never** been funded by the City of Arlington. These organizations may be selected for review and should be prepared for staff to tour their facility, to observe current program activities, and to interview and observe staff members involved in similar activities to the services in which they are requesting funding.



Documentation of Client Eligibility

In accordance with CDBG regulation 24 CFR 570.506 (in the Guidebook), organizations must acquire information to determine client eligibility, as well as for general reporting purposes. These guidelines are discussed at the conclusion of the National Objectives section. A sample Client Application Form is provided in the Guidebook as a documentation example.

Application

Organizations applying for CDBG funding for public services or planning through the City of Arlington must complete the following application and include applicable documentation. Please read the application carefully and complete all sections relevant to your activity. **Incomplete applications will not be considered for funding.**

Religious Organizations

Primarily religious organizations must meet conditions outlined at 24 CFR Part 570.200(j) found in the Guidebook. An organization that participates in the CDBG program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious beliefs and may not engage in inherently religious activities, such as worship, religious instruction, or proselytizing as part of the programs or services funded under this part. If an organization conducts such activities, they must be offered separately, in time or location, from the programs funded by CDBG. Participation must be voluntary for the beneficiaries of the HUD-funded programs.

Match Requirements

CDBG regulations do not require matching funds on behalf of the subgrantee as do some federal programs; however, limited CDBG funds cannot support 100 percent of any program. The City of Arlington **highly recommends** that organizations provide leverage funds. Leverage fund sources include contributions derived from nonfederal sources and the value of third party in-kind contributions (i.e. volunteers, personnel, office space, materials, equipment, and supplies).

Meeting a HUD National Objective

CDBG Public Service applicants must meet the National Objective regarding benefit to low- and moderate-income persons in order to receive funding. *Low- and moderate-income* is defined as being less than 80 percent of the median family income for the area. See the Guidebook for the Income Limits Table. Under this objective, CDBG-assisted public service activities must benefit low- and moderate-income persons using the **Limited Clientele** category (see below).

Please note: All information used to verify the program's national objective criteria must be documented, verifiable, and maintained in the subrecipients' records on-site. Please read details on documentation requirements below the subcategory description.

Limited clientele

Limited clientele activities benefit a limited number of people rather than everyone in a defined area. At least 51 percent of those persons served must be low- and moderate-income persons. These activities must meet one of the following criteria:

- ☒ Benefit a clientele generally presumed by HUD to be principally low- and moderate-income, i.e. abused children, elderly persons, battered spouses, homeless persons, severely disabled adults, illiterate adults, persons living with AIDS, or migrant farm workers; or
- ☒ Require information and documentation on family size and income in order to show that at least 51 percent of the clientele are low- and moderate-income; or
- ☒ Have income eligibility requirements limiting the activity to low- and moderate-income persons; or



- ☒ Be of such nature and in such a location that it can be reasonably concluded that the activity's clientele will primarily be low- and moderate-income; or
- ☒ Be an activity that provides job training and placement and/or other employment support services when the percentage of low- and moderate-income persons assisted is less than 51 percent. Examples include, but are not limited to, peer support programs, counseling, childcare, transportation, and other similar services. [Note: Some restrictions apply to these activities. See §570.208(a)(2)(iv).]

Examples of limited clientele activities include:

- public services for the homeless,
- meals for the elderly, and
- job training services for severely disabled adults.

For each activity, one of the following types of documentation must be kept:

1. Documentation showing that the activity is designed to be used exclusively by a segment of the population presumed by HUD to be low- and moderate-income persons; or
2. Documentation describing how the nature and the location of the activity establishes that it will be used predominantly by low- and moderate-income persons; or
3. Data showing the size and annual income of the family of each person receiving the benefit.

Funding Timeline

Organizations applying for funding through the City of Arlington must complete the following application and include all applicable documentation. Please read the application carefully and complete all relevant sections. Incomplete applications will not be considered for funding. A detailed Annual Grant Calendar is found in the Guidebook. The following is a summary timeline for the awarding of funds.

Request for Proposals Workshop	October 26, 2007
Deadline for written questions	November 9, 2007
Questions and Answers available on City website	November 16, 2007
Deadline for submission of applications	November 30, 2007
Staff review of proposals	December 2007
Arlington Human Service Planners' Grant Review Committee	December 2007 – January 2008
City Council Community and Neighborhood Development Committee review and recommendations	February 2008
30-day citizen comment period and public hearing	March – April 2008
City Council approval of Action Plan	April 2008
Applicants notified regarding awards	May 2008
HUD review and approval	June 2008
Contract Year begins	July 1, 2008



Instructions and Review Process

The City of Arlington Community Services Department invites qualified organizations with eligible programs to apply for CDBG Public Service grant funds. The City of Arlington is seeking organizations that can demonstrate the capability to meet priority needs and objectives identified in the 2005 – 2010 Consolidated Plan (see also the Application Guidebook).

Prior to responding to the RFP, each qualified organization is urged to review the Guidebook and read the instructions carefully. The Application Guidebook contains information such as the CDBG Regulations, City Council Priorities, and United Way Needs Assessment information. Before submitting the application, check all calculations and review the proposal for completion of forms and other items on the checklist. Inaccuracies, omissions, and the use of forms from previous competitions will be grounds for rejection. All proposals will become part of the City of Arlington's official files.

Application Instructions

1. Applicants are encouraged to attend the Request for Proposals workshop on Friday, October 26, 2007, from 9:00 a.m. to 11:00 a.m. The workshop will be held at the Arlington Human Service Center, 501 W. Sanford, Conference Room A, Arlington, Texas.
2. The City of Arlington will provide answers to written questions that are submitted by November 9, 2007. Answers will be posted on the website by November 16, 2007. Submit questions to Deborah Bell-Flowers at Deborah.Flowers@arlingtontx.gov or by fax at 817-459-6253.
3. **Proposals must be submitted on standard 8 ½" x 11" paper, have consecutively numbered pages, and be three-hole punched.** Do not use folders or notebooks. Bind only with binder clips. Do not staple the proposal. Insert labeled tabs for the sections as outlined in the Application Checklist. Do not use sticky notes or flags as a substitute for tabbed dividers. Do not include these instruction sheets in your application.
4. **Submit one original and fifteen copies of the proposal.** Copies are provided to the Arlington City Council, Grant Review Committee, and City staff. Indicate whether the proposal is an original or a copy on the Program Cover Sheet. The original must contain original signatures. The most recent Financial Audit is required and should be attached to the original copy of the proposal. All proposals must:
 - ✓ Include information and attachments as outlined on the Application Checklist.
 - ✓ Adhere to page limits for Tabs A and B. The maximum number of pages for these sections is 19.
 - ✓ Narrative should be formatted using 11 or 12 point typed font and minimum 1" margins.
5. All originals **must** be signed in **blue** ink.
6. Submit application by Friday, November 30, 2007, by 3:00 p.m., at the City of Arlington Community Services Department. Applications may be mailed or hand delivered. Proposals submitted by fax will not be accepted.
7. **Late proposals will NOT be accepted.**



Any questions or need for further information should be directed to Deborah Bell-Flowers at the address below. Questions concerning the proposal should be submitted in writing by e-mail, mail, or fax no later than November 9, 2007. A compilation of questions and answers will be available on the City website by November 16, 2007.

Proposal Due Date
Friday, November 30, 2007 by 3:00 P.M. CDT

Deborah Bell-Flowers, Grants Planner
City of Arlington Community Services Department
Deborah.Flowers@arlingtontx.gov
(817) 459-6232

Physical Address
City of Arlington
Community Services
Arlington Human Services Center
501 W. Sanford, Suite 10
Arlington, Texas 76011

Mailing Address
City of Arlington
Community Services
Mail Stop 29-0100
PO Box 90231
Arlington, TX 76004-3231

Late proposals will NOT be accepted.

For more detailed information on the City of Arlington CDBG program,
please visit our website at
<http://www.arlingtontx.gov/communityservices/grants/rfp.html>

Application Review Process

The review process for proposals requesting CDBG funding consists of a review by City staff, citizen review by the Arlington Human Service Planners' (AHSP) Grant Review Committee, review by the NRSA Steering Committee (for proposals that impact the NRSA), review by the Community and Neighborhood Development Committee of the City Council, a 30-day public comment period for citizen input, City Council review and approval, and HUD review and approval. See Application Guidebook for additional details about the review process.

1. Staff review verifies that the proposal is an eligible CDBG activity as determined by HUD guidelines. If a proposal is determined to be ineligible, the applicant is informed and the proposal is withdrawn from consideration. In cases where there is uncertainty as to the proposal's eligibility, the City's HUD representative will be consulted for a decision. Staff will evaluate proposals based on information provided in the submitted application and will not request missing information.
2. The AHSP Grant Review Committee (GRC) reviews the proposals. This committee evaluates the content of the proposals, determines the need for services, and ensures that services are not being provided by another entity. **The GRC will not request missing information.** AHSP/GRC scores and rankings are presented to the City Council's Community and Neighborhood Development Committee along with the proposal. The NRSA Steering Committee will also provide input on projects that provide service in the Central Arlington NRSA.



3. The Community and Neighborhood Development Committee provides a mechanism by which community needs may be recognized, prioritized, and recommended to the City Council for funding. This committee also helps to facilitate the City Council's understanding and approval of CDBG programs and funding requirements. All recommendations for grant awards are put into the annual Action Plan.
4. Citizen input on the Action Plan is obtained through the public hearing process. Notices are published in local newspapers two weeks in advance of all hearings, specifying date, time, and proposed CDBG activities. The City Council approves the Annual Action Plan by resolution following the citizen comment period. Each applicant will be notified in writing regarding their grant application. Final approval of the Action Plan is completed by HUD.

CRITERIA FOR DECISION-MAKING

Proposals will be evaluated in the following areas:

- | | |
|--|-----------|
| 1. Organizational capacity and relevant experience | 30 points |
| 2. Evidence of need for service | 30 points |
| 3. Statement of Work/Service Plan | 30 points |
| 4. Budget Narrative and Financial Management | 10 points |

The City Council makes the final decisions regarding program funding, which are then incorporated into the overall CDBG budget submitted to HUD in the Annual Action Plan. Once funds are received from HUD, the City executes contracts with each of the selected subrecipients. If the approved funding level is different than that stated on the proposed budget, revised budget and objectives must be submitted before a subrecipient contract is executed. This RFP does not commit the City to award a contract for any costs incurred in the preparation of this proposal. Furthermore, the City reserves the right to accept or reject any or all proposals received because of this request, to negotiate with a qualified source, or cancel in part or in its entirety this RFP if it is in the best interest of the City.



CDBG Public Services Application

PROGRAM COVER SHEET

☐ ORIGINAL ☐ COPY

Part 1 – General Information

Organization Name: _____
Tax ID Number: _____
Program Name: _____
Contact Person: _____
Mailing Address: _____
City, State, ZIP Code: _____
Phone: _____
Fax: _____
Email: _____

Part 2 – Program Funding

1) Requested Amount	
2) Other Funding Sources	
3) Total Program Cost *	
4) Percentage of City of Arlington funds toward Total Program Cost **	

* Total Program Cost is the Requested Amount plus the amount from Other Funding Sources.
(Line 1 + Line 2 = Line 3)

** Percentage of City of Arlington funds toward Total Program Cost is the Requested Amount Divided by the Total Program Cost. (Line 1 / Line 3 = Line 4)

Part 3 – Program Description

Provide a *brief* description of the proposed program in the space below. The description should be no more than five sentences and describe the program (not the organization), the purpose, number of unduplicated adults and children the program will serve in the contract period, and the cost items for which CDBG funds will be used. If staff positions will be funded by CDBG, list the position title and the full time equivalent amount paid by CDBG (e.g., CDBG will fund a Case Manager at 0.5 FTE and an Employment Specialist at 1.0 FTE).



Application Checklist

Applicant Name: _____

Program Name: _____

Review the following list of documentation requirements. The original must include all of the following information in the order outlined below. The 15 copies submitted **must** include Tabs A-C in the order outlined below. Proposals that do **not** contain all of the following information will be considered **ineligible**.

- | | | |
|--------------|--------------------------|---|
| Tab A | <input type="checkbox"/> | Cover Letter (optional) |
| | <input type="checkbox"/> | Program Cover Sheet |
| | <input type="checkbox"/> | Application Checklist |
| | <input type="checkbox"/> | Applicant Information |
| Tab B | <input type="checkbox"/> | Section 1: Organizational Capacity and Experience |
| | <input type="checkbox"/> | Section 2: Evidence of Need for Services |
| | <input type="checkbox"/> | Section 3: Statement of Work/Scope of Services |
| | <input type="checkbox"/> | Section 4: Program Budget Narrative |
| | <input type="checkbox"/> | Program Budget * |

Attachments for ALL programs

- | | | |
|--------------|--------------------------|---|
| Tab C | <input type="checkbox"/> | Board of Directors Information * |
| | <input type="checkbox"/> | Job descriptions for CDBG-funded positions and résumés for funded positions |
| | <input type="checkbox"/> | Program-specific Organizational Chart |
| | <input type="checkbox"/> | Client Application/intake form |
| | <input type="checkbox"/> | Client Evaluation tools |
| | <input type="checkbox"/> | Performance evaluation tools |

Attachments for ORIGINAL COPY ONLY

- | | | |
|--------------|--------------------------|--|
| Tab D | <input type="checkbox"/> | Organizational chart (not program specific) |
| | <input type="checkbox"/> | Organizational Budget (not program specific) |
| | <input type="checkbox"/> | Minutes authorizing submittal of proposal |
| | <input type="checkbox"/> | Articles of Incorporation |
| | <input type="checkbox"/> | Nonprofit documentation from IRS |
| | <input type="checkbox"/> | By-laws |
| Tab E | <input type="checkbox"/> | Financial Audit/Certified Financial Statement |
| | <input type="checkbox"/> | Director's and Officers' Liability and Errors and Omissions Insurance |
| | <input type="checkbox"/> | Policies and Procedures for employees, including internal control policies |
| | <input type="checkbox"/> | Code of Conduct listing prohibited behavior for board and employees |

* Note: Standard forms provided by the City of Arlington



Applicant Information

Contact Information:

1. Type of Organization: ☐ Non-Profit ☐ Government ☐ CBDO
☐ Faith Based ☐ Other (Please Specify): _____
2. Name of Organization: _____
3. Mailing Address: _____
City, State, ZIP Code: _____
4. Physical Address of Program (facilities only): _____
City, State, ZIP Code: _____
5. Contact Person: _____
7. Fax: _____
6. Telephone: _____
8. Email Address: _____
9. Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and résumés for key staff.

	NAME	TITLE	PHONE/EMAIL
Program Contact Someone who works with the program on a daily basis and can answer questions			
Finance Contact			
Application Contact Person who wrote this application			
Authorized Contact Person authorized to make commitments on behalf of the organization			

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED, OR CONSTRUCTION BEGUN ON THE PROPOSED PROGRAM AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF ARLINGTON.

SIGNATURE OF AUTHORIZED PERSON LISTED ABOVE

DATE

PRINT NAME

TITLE



Section I: Organizational Capacity and Experience (Use only the space provided)

- A. Provide an organizational overview of your agency, including:
- a description of the history, mission, and services of the organization,
 - year of incorporation,
 - years of direct experience with program,
 - description of staff experience with program, and
 - federal grant management experience.



- B. Program-Specific Organizational Chart: Include all employees that contribute time toward this program, whether funded by CDBG or some other source. Identify staff that are funded by CDBG. Include name of staff, title, and years of experience with this program.



C. Has your organization carried out or attempted this CDBG program before?

☐ Yes ☐ No

If you answered yes, please answer the following questions. If you do not have specific information, please provide estimates. If you answered no, answer the following question and then skip to question F4.

Has your organization ever attempted a similar project? If yes, what were the results?

☐ Yes ☐ No

D. Has this program received the City of Arlington funding before?

☐ Yes ☐ No If yes, for how many years? _____

E. What was the funding amount and number served for the last complete year?

Year: _____ Amount: _____ Planned Number Served: _____

Actual Number Served: _____

If you did not meet your planned number to be served, please provide an explanation below.

F. **Current or Past Subrecipients Only:**

1. What was the date (mm/dd/yyyy) of your last the City of Arlington monitoring visit? _____

2. Were there any findings and/or concerns in your last monitoring visit?

☐ Yes ☐ No

If **yes**, indicate the findings and/or concerns cited and the date the City of Arlington cleared the findings and/or concerns.



3. Did your organization complete any mandated corrective actions outlined by the City of Arlington?

☐ Yes ☐ No (If **no**, please explain.)

4. In your previous experience with federally funded projects was your organization required to pay back funds, in violation of regulations, etc. within the last three years?

☐ Yes ☐ No ☐ N/A (no experience with federal projects)

If **yes**, indicate the actions cited.

G. Board of Directors

In the space provided, please address the following:

- requirements to be a board member,
- efforts to recruit board members that represent the diversity of clients served
- process for recruitment, training, and orientation of board members.

- Community Based Development Organizations (CBDO) should attach a roster indicating how board members meet the membership requirements of a CBDO: a low- and moderate-income resident in the Central Arlington NRSA, owner or officer of a private institution located in the NRSA, or representative of a low- and moderate-income neighborhood organization located in the NRSA.

[illegible]¹ Beginning and Ending Years² M=Male, F=Female

³ A=Asian, B=Black/African American, W=White, H=Hispanic, O=Other



Section 2: Evidence of Need for Service (Use only the space provided)

A. Program Priorities: Check the priorities the proposed program will address. For additional information, see the Priority Matrix in the Guidebook.

City of Arlington Consolidated Plan Objectives	Priority Level
<input type="checkbox"/> Objective 1: Senior Services	High
<input type="checkbox"/> Objective 2: Disabled Services	High
<input type="checkbox"/> Objective 3: Legal Services	Medium
<input type="checkbox"/> Objective 4: Youth Services	High
<input type="checkbox"/> Objective 5: Child Care Services	High
<input type="checkbox"/> Objective 6: Transportation Services	High
<input type="checkbox"/> Objective 7: Substance Abuse Services	Medium
<input type="checkbox"/> Objective 8: Battered and Abused Spouses	Medium
<input type="checkbox"/> Objective 9: Employment Training	Medium
<input type="checkbox"/> Objective 10 : Crime Awareness	Medium
<input type="checkbox"/> Objective 11: Abused and Neglected Children	Medium
<input type="checkbox"/> Objective 12: Health Services	High
<input type="checkbox"/> Objective 13: Lead Hazard Screening	Medium
<input type="checkbox"/> Objective 14: Other Public Service Needs	Medium

City of Arlington Council Priorities related to HUD grant activities

- ☐ Improve Housing/Implement Green Building Standards
- ☐ Transportation Solutions
- ☐ Reinvigorate Neighborhoods/Increase Code Enforcement
- ☐ Ensure that Arlington is a Place Where People Feel Safe
- ☐ Cultural, Learning, and Leisure Opportunities

United Way Assessment of Arlington Priority Issues

- ☐ Affordable Housing
- ☐ Transportation
- ☐ Crime
- ☐ Gang Violence
- ☐ Child Abuse and Neglect
- ☐ Isolation of Senior Citizens
- ☐ Child Care
- ☐ School Readiness
- ☐ Dropout Prevention
- ☐ Health Care
- ☐ Services for Homeless Youth



B. Data Supporting Service to Target Population

1. Describe the target population for the proposed service, its size, demographics, location, etc. What proportion of this target population will be served by the proposed CDBG-funded program? Provide a profile of a typical client or clients. Is the service directed at a particular geographic area or available community-wide?

2. Provide current statistical data documenting the need for this service. Include as much local data as possible, as well as any relevant statistics collected by the applicant organization, such as the number of referral calls, number of clients on waiting lists, time on waiting list, etc. Describe how the need for this service has changed in the past three to five years. Provide sources for your information.



C. Non-duplication and Coordination

1. Are there other services or activities similar to your program provided by other organizations in the city of Arlington? ☐ Yes ☐ No

If **yes**, how is your proposed program different or unique from other similar programs? Briefly explain in the space provided.

2. Does the proposed program collaborate with other programs in the city of Arlington to provide this service? ☐ Yes ☐ No

If **yes**, briefly explain in the space below.

D. Financial Leverage:

Are you currently seeking funding from other sources for this program? ☐ Yes ☐ No

Add additional rows to the table if necessary.

Funding Source	Amount	Status – Approved, Pending, or Denied	Award Date
Total			



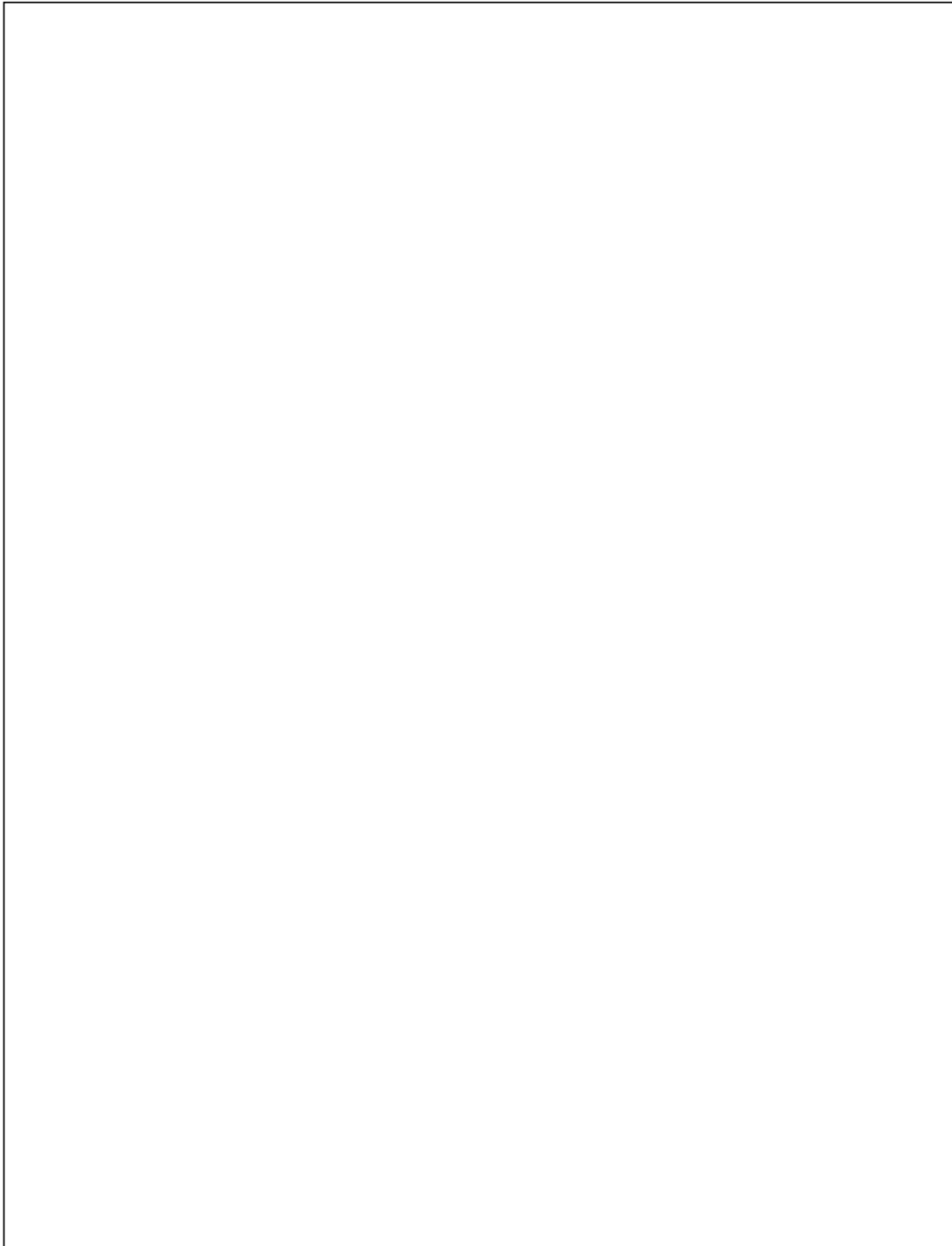
Section 3: Statement of Work/Scope of Services (Use only the space provided)

This information will be used to structure the statement of work portion of the contract with the City of Arlington.

A. Work Plan

Develop a sound statement of work/work plan narrative that details each service activity the program will undertake to achieve the program's goal. Include the following:

- service activity plan of action for **each** service activity to be provided;
- intake procedures and eligibility documentation, including methods to be used to implement HUD's client eligibility guidelines;
- program location(s) and hours of operation;
- outreach plan for clients and volunteers;
- use of volunteers to supplement paid staff;
- program evaluation plan; and
- program specific procedures and guidelines (if new program, please indicate when you plan to have them written),
- if the facility housing your project is located outside of Arlington, how will your organization ensure service to the Target Population for the portion of the project funded by the City of Arlington?





B. Time Table and Service Activities

1. Time Table

Outline program plan activities/events that will take place during the award period.

Quarter of Activity	Activity/Action
Quarter 1: July – September	
Quarter 2: October - December	
Quarter 3: January - March	
Quarter 4: April - June	

B. Please identify the primary beneficiaries this program will serve. Be cognizant of the target population you name in the narrative portion of this proposal. Please check the appropriate categories below:

Program Beneficiary Population (Please check only one, "1." or "2.")

- ☐ 1. Low- and moderate-income population
- ☐ 2. Presumed Benefit (Please check one below)
- | | |
|---|---|
| <input type="checkbox"/> Illiterate adults | <input type="checkbox"/> Migrant farm workers |
| <input type="checkbox"/> Battered Spouses | <input type="checkbox"/> Homeless individuals |
| <input type="checkbox"/> Elderly individuals | <input type="checkbox"/> Abused children |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Adults with Disabilities |

C. Who are the program beneficiaries (target group) to be served? Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> At-risk status | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Female | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Youth* ages ____ to ____ |
| <input type="checkbox"/> Substance Abusers | <input type="checkbox"/> Elderly, Frail Elderly | |

*Please include youth age range, not to exceed 19 years of age.



D. Service Activity Table

Activities are the measurable objectives of the program directly funded with City of Arlington grant funds. Do **not** include activities that are solely funded through other sources. Service units should be defined in measurable terms, such as: one hour of child care, one three-hour counseling session, number of food packets distributed, or number of immunizations provided.

For each activity, please select one: **New Project – Any activity not previously delivered by agency; **Expansion** – An established activity not currently funded by City of Arlington Funds; **Renewal** – Current activity funded by the City of Arlington.

Service Activity	Total Units of Service per Year	Cost per Unit of Service	Total cost per year
Activity 1: <input type="checkbox"/> New Project <input type="checkbox"/> Expansion <input type="checkbox"/> Renewal			
Activity 2: <input type="checkbox"/> New Project <input type="checkbox"/> Expansion <input type="checkbox"/> Renewal			
Activity 3: <input type="checkbox"/> New Project <input type="checkbox"/> Expansion <input type="checkbox"/> Renewal			
Total City of Arlington Project Cost *			\$

* The Total City of Arlington Project Cost is the same as Requested Amount in line 1 of the Program Funding table found in the Program Cover Sheet.



E. Performance Measurement System: Complete the table below to outline your goals for the proposed program.

	Goal #1	Goal #2
GOALS – Proposed solutions to problems (as identified in Consolidated Plan)		
INPUTS – resources dedicated to or consumed by program		
ACTIVITIES - What the program does with the inputs to fulfill its mission		
OUTPUTS – The direct products of program activities		
OUTCOMES – benefits that result from the program		

If any measurement tools (i.e. surveys, questionnaires, standardized tests) are used, please attach a copy to the proposal, along with this attachment, behind Tab C.



Section 4: Budget Information (Use only the space provided)

A. Budget Narrative

Describe the program budget, including itemized revenues and expenses. The budget narrative should explain the total program budget in detail and explain the budget line items in the order they are listed on the budget form. Provide an explanation for each line item expense.



B. Cost Per Person Served

Comment [c1]: Is this part of the CDBG RFP as well?

CDBG	Program Year 2008 Request
1. CDBG Funding Request	
2. Total Program Budget	
3. Total Organization Budget (including other programs)	
4. % of Program Budget (Item 1 divided by item 2)	
5. % of Organization Budget (Item 1 divided by item 3)	
6. Unduplicated Clients to be Served	
7. Total Program Cost Per Client (Item 2 divided by item 6)	
8. Total CDBG Cost Per Client (Item 1 divided by item 6)	

C. Fiscal Management

Describe the organization's fiscal management including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit requirements.



D. Program Budget

Revenue	2006-2007 Actual Dollars	2007-2008 Estimated Dollars	2008-2009 Proposed Dollars
Contributions			
Special Events			
Membership Fees/Dues			
Program Service Fees			
Grants/Foundations (specify)			
CDBG Request			
Other (specify)			
Total	\$0	\$0	\$0

Expenses	2006-2007 Actual Dollars	2007-2008 Estimated Dollars	2008-2009 Total Dollars	2008-2009 Proposed Dollars
Salaries				
Employee Health/Retirement				
Payroll Taxes				
Professional (contract) Services				
Rent/Mortgage				
Telephone				
Utilities				
Supplies				
Local Transportation				
Specific Assistance				
Capital Equipment				
Insurance				
Printing				
Other (specify)				
Total	\$0	\$0	\$0	\$0